**ALCOHOL ASSESSMENT – BASELINE**

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| REGISTERING INSTITUTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PARTICIPANT ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | VISIT TYPE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | VISIT DATE(MM/DD/YYYY)\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |

**Instructions:**

**For the following questions about drinking alcoholic beverages, a drink means a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor****.**

**When a number is requested in the response, please enter a whole number (i.e. “4”) and not a range or fraction of a number.**

1. In your entire life, have you had at least 12 drinks of any kind of alcoholic beverage?

[ ]  Yes

[ ]  No **(End)**

[ ]  Refused **(End)**

[ ]  Don’t know/Not sure

1. In the past 12 months, on average, how often did you drink any type of alcoholic beverage?

\_\_\_\_\_\_\_\_ (Enter the number of days you drank based on the timeframe checked below. Enter 0 if you never drank and skip to Question 6.)

[ ]  Week

[ ]  Month

[ ]  Year

[ ]  Refused

[ ]  Don’t know/Not sure

1. In the past 12 months, on those days that you drank alcoholic beverages, on average, how many drinks

did you have per day?

\_\_\_\_\_\_\_\_ (Enter the average number of drinks per day)

[ ]  Refused

[ ]  Don’t know/Not sure

1. In the past 12 months, on how many days did you have 5 or more drinks of any alcoholic beverage?

\_\_\_\_\_\_\_\_\_ (Enter the number of days you had 5 or more drinks, or enter 0 if none.)

[ ]  Refused

[ ]  Don’t know/Not sure

1. Was there ever a time or times in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?

[ ]  Yes

[ ]  No

[ ]  Refused

[ ]  Don’t know/Not sure

1. If you do not currently drink alcoholic beverages, but did in the past, how long has it been since

you last drank regularly?

[ ]  Within the past month (0 to 1 month ago)

[ ]  Between 1 and 3 months (1 to 3 months ago)

[ ]  Between 3 and 6 months (3 to 6 months ago)

[ ]  Between 6 and 12 months (6 to 12 months ago)

[ ]  Between 1 and 5 years (1 to 5 years ago)

[ ]  Between 5 and 15 years (5 to 15 years ago)

[ ]  More than 15 years ago

[ ]  Don’t know/Not sure

[ ]  Never drank regularly

1. At the heaviest point, either now or in the past, on the days when you drank, about how many drinks did you drink a day on the average?

\_\_\_\_\_\_\_\_\_\_ (Enter the number of drinks a day)

[ ]  Refused

[ ]  Don’t know/Not sure

1. How many years have you been drinking (or did drink) regularly?

\_\_\_\_\_\_ years

[ ]  Refused

[ ]  Don’t know/Not sure

1. At what age did you begin drinking regularly?

\_\_\_\_\_\_ years of age

[ ]  Refused

[ ]  Don’t know/Not sure

1. What type(s) of alcohol do you drink? (Mark ALL that apply)

[ ]  Wine

[ ]  Liquor

[ ]  Beer

[ ]  Wine cooler

Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

 *(MM/DD/YYYY)*

Investigator Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_